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ABSTRACT

Mental health professionals have often reported differences in the psychiatric symptoms and diagnoses of adopted and nonadopted children and adolescents. Since psychiatric diagnoses are influenced by the judgments of the professionals who assign them, it is possible that the differences observed between adopted and nonadopted psychiatric patients are partly a function of differences in professionals' assumptions about adoption. A study was conducted to examine whether adopted and nonadopted clients were perceived differently by mental health professionals. Social workers, psychologists, and psychiatrists (N=397) completed a mailed questionnaire which contained a case description and a set of etiology- and treatment-related questions pertaining to that case. Two cases, one male and one female adolescent, and two versions of each case, one describing the client as adopted and the other making no mention of adoptive status, were used. The results indicated that the adoptive status of the clients did not seem to be a significant factor in the majority of the clinical judgments that were made about them. There were no differences between those subjects who received the adopted and those who received the nonadopted case descriptions in the nature of requests for additional information, in judgments about prognosis, in anticipated length of treatment, or in the importance of including families in treatment. While neither the social workers nor the psychologists responded significantly differently to adoption status, psychiatrists who received adopted cases were more likely to view both family psychopathology and unresolved psychosexual conflicts as factors of etiological importance in the clients' problems. (NRB)

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Reactions of Mental Health Professionals to Hypothetical Clients: A Comparison Based on Clients' Adoptive Status

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Mental health professionals have often reported differences in the psychiatric symptoms and diagnoses of adopted and nonadopted children and adolescents receiving mental health care. Menlove[8] and Simon and Senturia[10], who examined the records of psychiatric inpatients, found more personality disorder diagnoses, particularly antisocial personality disorder, among hospitalized adopted children than among hospitalized nonadopted children. Offord, Aponte and Cross[9] and Lifschutz, Baum, Balgur and Cohen[6], who studied groups of children seen in outpatient clinics, reported a greater incidence of behavioral problems, notably aggressive and sexual acting-out behavior, among adopted as compared with nonadopted children. And this author[13], who studied the medical records of adolescents admitted to a psychiatric hospital, found significantly more adjustment reaction diagnoses and significantly fewer psychotic diagnoses among adopted as compared with nonadopted adolescents. Taken as a whole, the evidence is strongly suggestive of differences in the kinds of emotional difficulties that are experienced by adopted and nonadopted children who attend mental health centers.

However, because psychiatric diagnoses are influenced by the judgments and thinking of the mental health professionals who assign them, it is also possible that the differences that have been observed between adopted and nonadopted psychiatric patients are partly a function of differences in professionals' assumptions about adopted and nonadopted individuals. In an earlier study of hospitalized adolescents[12], I discovered that the families of the adoptees were more often restricted by the treating psychiatrists from visiting their hospitalized children and also more often referred for adjunctive family psychotherapy than were the families of the nonadoptees. One very plausible explanation of these findings is that the family relationships of adopted adolescents are more often problematic than are the family relationships of nonadopted adolescents. Another possible explanation, or contributing

factor, however, is that mental health professionals expect there to be more problematic relationships in adoptive families and treat their adopted clients in accordance with this expectation.

The fact that clinicians' beliefs about particular groups can influence, at least in experimental situations, their diagnostic and prognostic judgments about clients has been well documented.[2, 3, 4] Chapman and Chapman[2] demonstrated, for example, that people are more influenced in their examination of psychological test data by their strongly held verbal associations to homosexuality than by actually present valid correlations between clinical signs and this category. Garfinkle and Morin[3], also studying the impact of the label "homosexual," found that, for male therapists at least, clients perceived as more masculine were regarded as psychologically more wealthy than those perceived as less masculine. And finally, Lee and Temerlin[4] have found that therapists' beliefs about the social class of observed clients significantly influenced the diagnoses and prognoses that were given to these clients. In light of these findings it is suggested that clinicians' expectations about adopted as compared with nonadopted clients might affect the nature of the conceptualizing that is done about adopted clients (as well as influence parent visitation rights and family therapy referrals).

The study to be described here was designed to test the possibility that adopted and nonadopted clients are perceived differently by mental health professionals. These differences were expected to manifest themselves in differences in etiological attributions, treatment plans, and prognoses made by clinicians about pairs of hypothetical clients who were identical except for their adoptive status.

Method

Subjects

The subjects for this study consisted of 397 mental health professionals who returned a questionnaire sent in November of 1982 to 1500 psychiatrists, licensed psychologists, and certified social workers selected randomly from membership lists provided by the American Medical Association, the Pennsylvania Psychological Association, and the National Association of Social Workers. All of those surveyed were practitioners in the state of Pennsylvania. Of the 1500 people who received the questionnaire, 550, or 37% returned it; the 397 subjects who constituted the final sample were those subjects who were currently in practice or had been practicing within the last five years.

Procedure

Each subject's questionnaire contained a case description about which he or she had to answer etiology- and treatment-related questions. There were two cases used in the study, one male and one female adolescent, and two versions of each case, one describing the client as adopted and the other making no mention of adoptive status. The case descriptions were based on actual clients who had received psychiatric treatment at an inpatient facility during the 1970's. Both clients were adopted children. The decision to use two different clients was an attempt to control for the influence of characteristics specific to a particular client situation. In keeping with this reasoning, the clients selected to serve as models for the case descriptions were chosen because they differed from each other in gender, socioeconomic circumstances, and presenting symptomatology.

Subjects were told that they were being asked to participate in a study of the assumptions underlying treatment approaches. The information that was

collected from the subjects included their responses to questions about the case as well as basic demographic characteristics and information about their professional backgrounds and theoretical orientations. The case-related questions asked them to speculate on the likely etiologies of the client problems and to indicate what additional information they would want to have, what treatment approaches they would recommend, and what issues they would emphasize in treatment with this client.

There were also asked to give a prognosis and to speculate on the length of time the client would need treatment. Finally, subjects were asked to rate the importance of including the family in treatment. It was expected that case conceptualization and treatment planning would differ as a function of the adoptive status of the client.

Questions related to the demographic and professional backgrounds of the subjects included their ages, genders, races, professional affiliations, and primary theoretical orientations. They were also asked several questions pertaining to the extent and nature of their clinical experience.

It was hypothesized that the clients' adoptive status might differentially affect the thinking of the three professional groups.

Results

By and large, the results of this study did not support the first experimental hypothesis. The adoptive status of the clients did not seem to be a significant factor in the majority of the clinical judgments that were made about them. There were no differences, for either of the cases, in the nature of requests for additional information, in judgments about prognosis, in anticipated length of treatment, or in the importance of including families in treatment between those subjects who received the adopted and those who

received the nonadopted case descriptions. The few differences that did emerge were in the areas of etiological attribution of client problems, treatment recommendations, and issues to be emphasized in treatment.

Subjects were asked to indicate whether and how much they thought any of nine listed factors played a role in the etiology of the clients' problems. These factors were: brain damage, current life stresses, discrepancy between ideal self and real self appraisals, family psychopathology, genetically-inherited psychopathology, learning disability, phase-related developmental crisis, poor social learning history, unresolved psychosexual conflicts, and other (please specify). Of the subjects who had received the description of the male client (n=204), significantly more of those who had the case designated "adopted" indicated that unresolved psychosexual conflicts were a contributing factor of any importance ($X^2(3)=10.06$, $p=.02$), although most of these subjects considered this factor to be of "minor" rather than of "major" or "some importance." Among those who had received the female case (n=193), significantly more of those who had the adopted case indicated that genetically-inherited psychopathology was a causal factor of any importance ($X^2(3)=6.13$, $p=.05$), although, again, most of these considered the factor to be of "minor" rather than of "major" or "some importance."

In addition, among those who had received the female case, fewer of those who received the case described as adopted considered the client's social learning history to be of "major" etiological importance ($X^2(3)=7.73$, $p=.05$).

Subjects were asked to indicate which of seven treatment approaches they would take with the client, and they could choose as many as they would recommend simultaneously. The choices were: inpatient milieu treatment, outpatient chemotherapy, outpatient family psychotherapy, outpatient group psychotherapy, outpatient individual psychotherapy, special school placement, no treatment, and other (please specify). For the most part, there were no

differences in the frequencies that particular treatments were recommended for the adopted and nonadopted clients; however, those subjects who received the male case were less likely to recommend chemotherapy for the adopted client ($X^2(1)=3.85$, $p=.05$).

Subjects were asked to indicate the extent to which they would emphasize each of the following factors in treatment with this client: family relationships, identity/individuation issues, impulse control, interpersonal skills, maladaptive habits, maladaptive thinking, self-esteem issues, unresolved conflicts, and other (please specify). Among those who received the female case, there were no differences on this variable. However, those who received the male case considered discussion of impulse control to be less important for the adopted client ($X^2(2)=11.75$, $p=.002$).

None of the differences that were obtained can be explained by differences in the theoretical orientations of the subjects; in fact, the subjects who received the adopted cases did not differ significantly on any demographic or background variables from those who received the nonadopted cases.

With respect to the second hypothesis, that the subjects' professional affiliations might be related to their differential handling of the adopted and nonadopted cases, the research yielded the following results. While neither the psychologists nor the social workers responded significantly differently to the adopted and nonadopted clients on any of the variables, the sub-sample of psychiatrists did respond differently on several. Those psychiatrists who received the adopted cases were more likely to view both family psychopathology and unresolved psychosexual conflicts as factors of etiological importance ($X^2(3)=7.99$, $p=.04$; $X^2(3)=9.25$, $p=.03$, respectively) in the clients' problems. This latter finding is consistent with the response of the whole sample to the male case in which unresolved conflicts were considered of more

importance among those who received the case described as adopted. However, the fact that the sample of psychiatrists were more likely to attribute the adoptees' problems to family psychopathology is unique to this professional group. The psychiatrists also responded differently to the adopted and nonadopted clients on one of the seven categories of issues to be emphasized in psychotherapy; those who received the adopted case significantly more often indicated that they would emphasize talking to the client about habits ($\chi^2(3)=10.08$, $p=.02$).

Conclusions

The results of this study suggest that mental health professionals on the whole probably do not respond very differently to their adopted adolescent clients than they do to their nonadopted adolescent clients. This finding, considered in concert with the growing body of research documenting the importance of stereotyping and therapist expectations in the processing of information about clients and the attributions made about them[1,2,3,4,5,7,11,14] suggests that global stereotypes about adopted individuals do not exist or that they are not strongly held by most mental health professionals, or that they do not affect the conceptualizing that is done about adopted clients. However, the findings of this study may support the existence of more circumscribed stereotyping with respect to adoptees; some specific expectations about adopted clients may exist, and this may particularly be the case in certain professional groups. There may be a generally held tendency to attribute adoptees' mental health problems to unresolved early psychosexual conflicts or to genetic inheritance. Among the psychiatric profession there may also be a tendency to assume the presence of family psychopathology in adoptive families. This last finding is consistent with the results of this author's

earlier research, in which, for at least one psychiatric inpatient setting, the families of adopted adolescent patients were more often restricted from visiting and more often referred for family therapy.

More research is needed if we are to understand the relationship that exists between professional affiliation and expectations for adopted clients.

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